U.S. Department of Labor

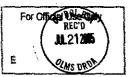
Office of Labor-Management
Standards

Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 37 //	2. Fiscal Year Covered From:				
3714	. 01 / 01 / 264 Through: 12 / 31 / 264				
3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name Ethan Rome	Name AFSCME				
	Labor Organization File Number				
P.O. Box, Bldg., Room No., If any	P.O. Sox, Building and Room Number, if any				
Straet 1/12 Care Care Care Care Care Care Care Care	Street Street				
City Washington	City Lucian Samuel Samu				
State DC ZIP Code +4 ZIIS 6	State ZIP Code + 4 20036				
5. Position in labor organization. Director of About Aff					
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
monetary value from an employer whose employees your organizati	on represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if arry).	on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.				
	7.a. Nature of Interest, Transaction, or Income.				
6. Name and address of Employer (including trade name, if arry). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any					
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6. Name and address of Employer (including trade name, if arry). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	7.a. Nature of Interest, Transaction, or Income.				
6. Name and address of Employer (including trade name, if arry). Name Trade Name, If any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.				
6. Name and address of Employer (including trade name, if arry). Name Trade Name, If any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code +4 Slgr 15. Signature and vertification. The undersigned declares, under penalty of	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information on documents), has been examined by the signatory and is, to the best of the				
6. Name and address of Employer (including trade name, if arry). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code +4 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Penjury and other applicable penalties of the law, that all of the information on documents), has been examined by the signatory and is, to the best of the				

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selfing or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any).	9. Business deals with:					
Name	· ·					
Trade Name, if any:	a. Labor Organization b. Trust					
P.O. Box, Bidg., Room No., if any						
Street	c. Employer		÷			
City						
State ZIP Code + 4						
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dea	ling.				
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P.O. Box, Bldg., Room No., If any						
Street	11.b. Approximate dollar va	lue of such dealine				
City	12.a. Nature of interest he	 	/ed.			
State ZIP Code + 4						
	12.b. Amount.					
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money						
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	tink Mathematica po providente in providente de la Maria de la Companya de la Companya de la Companya de la Co	villerititi (1994), maasidad 49 ta muuduud käätta seessa muutti (1994), muuse työti (1994), maasidad 49 ta muuduud käättä seessa muutti (1994), muuduud käättä (1994), muuduud kä			
(including trade name, if any).	Dinner (3/2/1/4)	M 1.c.			
Name KELLY PRESS, INC.	Gift - F	17 (07)	131,00			
Trade Name, if any:	Sitt - t	opcorn	17.00			
P.O. Box, Bldg., Room No., if any	Gift =	tolioay	30,00			
Street 1701 CABIN BRANCH DRIVE	A control of					
CHEVERLY						
State MD 21P Code + 4 20785						
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment	. 1 -	#178,00			
	Total	value	11000			

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.							
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P.O. Box, Bldg., Room No., if any	c. Employer			!			
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C. Received from any employer (other than an employer covered under		 		**************************************			
or from any labor relations consultant to an employer any payment of money 13.8. Name and address of Employer or Labor Relations Consultant	oney or other thing of value. 14.a. Nature of payment.			Market Market (Market State)			
(including trade name, if any).	Elega E	T.L	A.	3.00			
Name WINNING DIRECTIONS	Fleece Jo	COLP		Selfife			
Trade Name, if any:	Holiday	5014+ DOS	sket ivi	00.00			
P.O. Box, Bldg., Room No., if any SUITE 540							
Street 2700 SOUTH QUINCY STREET							
CHY ARLINGTON							
State			·				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		\$14	3,00			
	1 Total	l Value	רוי	<u> </u>			

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Trade Name, if any:	a. Labor Organization b. Trust						
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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dea	ling.					
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	12.b. Amount.						
C. Received from any employer (other than an employer covered unde							
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	or other thing of value.		ii ah (17 Marah 47 mm) aan aan 1880 ii ii ii ii aan aa 480 may 17 Marah 18 May 18 Ay 18 Marah 18 May 18 Marah				
(including trade name, if any).	14 34 V (18)		51 00				
Name SUN MOUNTAIN MEDIA	fleece J	acket	26.00				
Trade Name, if any:							
P.O. Box, Bldg., Room No., if any SUITE 220							
Street 629 K STREET, NW							
City WASHINGTON							
State DC ZIP Code + 4 2006		- · · · · · · · · · · · · · · · · · · ·					
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.		\$ 26.00				
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